Application to Alter or Repair an Onsite Wastewater Treatment System

HS002042

The applicant is applying for a permit to: ☒ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 4200 SW 2nd

Legal Description of Property: Township: 9 Range: 6 Section: 3

Block ____ Lot 11 SubDivsion Lores Subdivision Add: ____

***Parcel ID** ____-____-____-____-____ (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
Number of bedrooms 2 Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Replace lateral field

5. **Current Type of Lateral-** Pipe/gravel **Current Linear Ft. Of Lateral -** 100'

Current Tank Gallonage- 1000

6.Print Name Blain Johnson Address 8533 E State Hwy 41 Adams NE 68301 Phone: 402-610-2270

Applicant Signature: Blain Johnson

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 7/02/20 Amount $230.00 Check No. CC3394 Initials JAO

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address: 4200 SW 2nd St (or Rural Route) City: Lincoln NE, Zip: 68522

Owner: Peggy Aldrich Address: Same

Date of Tests: 6/22/17 to 6/23/17 Weather: Precipitation: 0 Temperature: 74°

Percolation Test Data Table

A. Hole No.	B. Depth (in)	C. Saturation/Swelling Time Start Date (Mo/Da)	C. Saturation/Swelling Time Start Time (Hr/Min)	D. Saturation/Swelling Time End Date (Mo/Da)	D. Saturation/Swelling Time End Time (Hr/Min)	E. Water Level Drop Start Date (Mo/Da)	E. Water Level Drop Start Time (Hr/Min)	F. Initial Water Lev (in.)	G. Last 30 mins of 4 hr or last 10 mins of 1 hr End Date (Mo/Da)	G. Last 30 mins of 4 hr or last 10 mins of 1 hr End Time (Hr/Min)	H. Elapsed Time Interval	I. Water Level Drop (in)	J. Percolation Rates (Min/in = mpi)
1	24	6/22	11:30a	6/22	3:30p	6/23	2:15p	6	6/23	2:25p	10	1-5/16	8
2	24	"	"	"	"	"	"	6	"	"	"	1-3/4	6
3	24	"	"	"	"	"	"	6	"	"	"	2	5
4	24	"	"	"	"	"	"	6	"	"	"	5/16	32
								6					
								6					
								6					
								6					

Percolation Test

[illegible], Raymond Contracting, Inc.

[illegible] or 402-560-6009

[illegible] St

[illegible] Ceres 1 [illegible]

[illegible]

Sum of Percolation Rates: 51

Average of Rates: 13

Rate Used for Calculation: 32 (20 mpi variance)

[illegible] THIS LINE

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002042

System Type: Standard

Situs: No Site Address Specified

Issued: 7/2/2020

Expires: 7/2/2021

Description: LOVES SUBDIVISION, Lot 11, S1/2

Owner: O'BRIEN, JANET M
4200 SW 2 ST
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

HS002042

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JAO

***Parcel ID** ____-____-____-____-____ (i.e. 99-99-999-999-999)

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Please contact LLCHD for the current permit fee for this application

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 7/2/20 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits

Date ____/____/____ By ____

Date ____/____/____ By ____

Installation final written approval

Date 7/24/20 By ____

Return application to:

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Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 7/02/20 Amount $230.00 Check No. CC3394 Initials JAO

Revised 4/8/13

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon Skip to Back Page ☒ Subsurface Septic ☐ Mound
Lateral Replacement

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID): 4200 SW Rabbit 2nd

Owner: Jan O'Brien Address: _____

A. Wastewater Piping

1. Material: Plastic Diameter: 4" in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well ±50 ft.
   Pressure line _____ ft.
   Property Line ±20 ft.
   Foundation ±20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 220 ft. East

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 12" x 3 Bundles
2. Number of Laterals: 2
3. Length of each latara (linear): ft. 90 ft. 40 ft. _____ ft. _____
4. Drainfield size: 1080 560 sq. ft. (550 for 12)
5. Distance to:
   Well ±100 ft.
   Pressure line _____ ft.
   Property line ± 20 ft.
   Depth of Groundwater 45

NH

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Blue Jon Date: 7/22/20

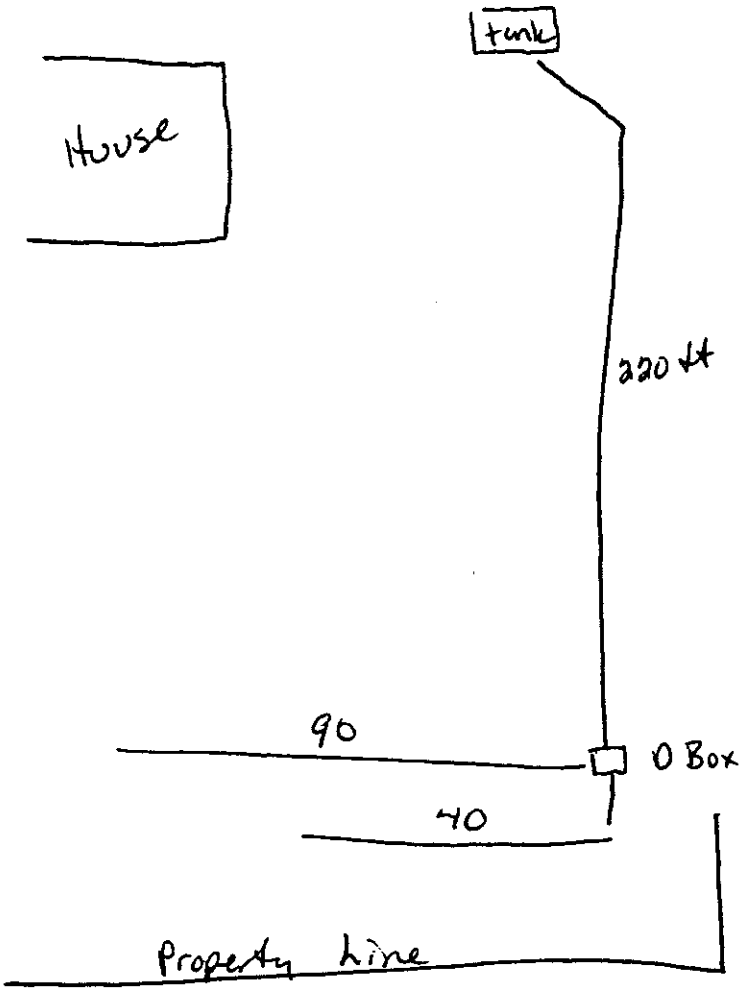
Complete As-Built drawing on the back of this form.

Updated 4-15

Nate C. Hartman

From: Blain <xlcontracting10@gmail.com>
Sent: Wednesday, July 22, 2020 6:40 AM
To: Nate C. Hartman
Subject: 4200 sw 2nd D sheet/as built
Attachments: 4200 sw2 as built.pdf; CCF07222020.pdf

[CAUTION] This email comes from a sender outside your organization.


O well
N →
tank
House
220 ft
90
O Box
40
Property line

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SCANNED

B

Permit Number:

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Owner Peggy Nabach Address Same

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		Start		End		Start		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
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3	24	"	"	"	"	"	"	6	"	"	"	2	5
4	26	"	"	"	"	"	"	6	"	"	"	5/16	32
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >8'

Sum of Percolation Rates: 51
Average of Rates: 13
Rate Used for Calculation: 32 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date